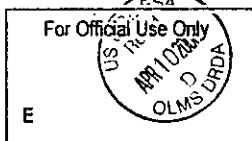


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8817	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Kenneth L Clark P.O. Box, Bldg., Room No., if any Street N2216 Bodde Road City Kaukauna State Wisconsin ZIP Code + 4 54130-9740	4. Name, file number, and address of labor organization. Name Northern WI Regional Council of Carpenters Labor Organization File Number 035-751 P.O. Box, Building and Room Number, if any Street N2216 Bodde Road City Kaukauna State Wisconsin ZIP Code + 4 54130-9740
5. Position in labor organization. Executive Director	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

03 29 06

Date

920-996-2306

Telephone Number



Name of Person Filing Kenneth Clark		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Robeco Investment Management Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 909 Third Avenue City New York State New York ZIP Code + 4 10022	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name WI Carpenters Fringe Benefits Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1704 Devney Drive City Eau Claire State Wisconsin ZIP Code + 4 54702	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 80px;">Investment Committee Meeting and Dinner 2/16/05</div> 11.b. Approximate dollar value of such dealing. \$28 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"></div> 12.b. Amount. 	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 150px;"></div> 14.b. Amount of payment.

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2005. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2005, I will file an amended Form LM-30.

Kenneth J. Clark 03-29-06